

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Joice Moore	<i>Joice Moore</i>	Street: 4035 Erie St City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
2. Maurice Miller	<i>Maurice Miller</i>	Street: 4035 Erie St City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
3. Brandon McBurnick	<i>Brandon McBurnick</i>	Street: 4035 Erie St City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone: <i>None</i>

I, Allen Geue (Name of Circulator), (certify): I reside at 421 William St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 3 / 2011 (Month) (Day) (Year)

Allen Geue (Signature of Circulator)

Page No. (Official Use Only)
 # 000851

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Helen A. Garrett	Helen A. Garrett	Street: 2800 Jacaranda Dr. #8 City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone
2. Harris Nelson Jr.	Harris Nelson Jr.	Street: 2432 Jacobus Dr #17 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone
3. Angela Ross	Angela Ross	Street: 1239 Villa St City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone
4. Angela Rosser	Angela Rosser	Street: 1313 Bluepine #3 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone
5. Jeffery Jones	Jeffery Jones	Street: 1715 Racine St City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone
6. Maeshona McInnis	Maeshona McInnis	Street: 5001 Sydmore #108 City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
7. Cassie LaFleur	Cassie LaFleur	Street: 1915 ARTHUR Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Alton Lewis (Name of Circulator), (certify): I reside at 421 W. 11th St Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 1 3 12011
(Month) (Day) (Year)

Alton Lewis
(Signature of Circulator)

Page No. (Official Use Only)
000852

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Artis Echols	<i>Artis Echols</i>	Street: 4910 Biscayne Ave #11 City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
2. Elsie Roberson	<i>Elsie Roberson</i>	Street: 2034 Mead St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
3. Timetrinus Marshall	<i>Timetrinus Marshall</i>	Street: 1856 Roosevelt City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
4. <i>[Signature]</i>	<i>[Signature]</i>	Street: 3024 Rapids Drive City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
5. Bob Peterski	<i>Bob Peterski</i>	Street: 1908 Geneva St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
6. James Kimmis	<i>James Kimmis</i>	Street: 2405 Raymond City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
7. Elizabeth Villalobos	<i>Elizabeth Villalobos</i>	Street: 2123 Green St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
8. MICHAEL MILLS	<i>[Signature]</i>	Street: 2419 Carmel Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
9. Nikki Lawrence	<i>Nikki Lawrence</i>	Street: 1324 Russet St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Allen Levy, (certify): I reside at 421 W. 11th St Racine
(Name of Circulator) (Circulator's Residence—Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 1 3 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Matt Kreckling	<i>Matt Kreckling</i>	Street: 1532 Cleveland Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Mercer Davis	<i>Mercer Davis</i>	Street: 5021 Byrd Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Larry William	<i>Larry William</i>	Street: 5021 Byrd Ave #201 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Gwendolyn Maxw...	<i>Gwendolyn Maxw...</i>	Street: 1835 Roosevelt Ave #4 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. FRED A. DAVIS	<i>FRED A. DAVIS</i>	Street: 4835 Tenth St City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Patrice N Mills	<i>Patrice N Mills</i>	Street: 1808 Oakdale Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. William Turner	<i>William Turner</i>	Street: 2121 Dekoven Ave #3 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Tashonda Grissie	<i>Tashonda Grissie</i>	Street: 5543 Broadway St #4 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Aiken Lewis, (certify): I reside at 421 William St Racine
(Name of Circulator) (Circulator's Residence - Street and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12-13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Aiken Lewis
(Signature of Circulator)

Page No. 000554
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VAN WANGGAARD RECALL PETITION

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1. GERALD L. RITTER	<i>Gerald L. Ritter</i>	Street: 826 WILLIAM ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Louu Ishman	<i>Louu Ishman</i>	Street: 1234 ILLINOIS ST City: RACINE, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Eileen Widmar	<i>Eileen Widmar</i>	Street: 1533 Klett Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Tony Gutierrez	<i>Tony Gutierrez</i>	Street: 826 Orchard St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Anne Martin	<i>Anne Martin</i>	Street: 1520 Oregon City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. Duane Lyons	<i>Duane Lyons</i>	Street: 314 MARQUETTE City: Racine Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #1	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. Albert Eschhut	<i>Albert Eschhut</i>	Street: 1226 Prairie DR. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, *Allen Leung* (Name of Circulator), (certify): I reside at 451 William ST (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Allen Leung
(Signature of Circulator)

Page No. (Official Use Only)

000855

Circulator

Print

Elect

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1.		Street: 7230 KINZIE AVE APT 108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/16/2011
Judy Batchelor	Judy Batchelor	City: Mt Pleasant Zip: 53406	Mt Pleasant	(Month) (Day) (Year)
2. Shielah McCarthy	Shielah McCarthy	Street: 5001 BYRON	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
3. MARTINEA ELLISON	Martinea Ellison	Street: 1241 ROOSEVELT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53405	None	(Month) (Day) (Year)
4. JUANITA JERMAN	Juanita Jerman	Street: 5407 BEARD AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
5. Kevin Hansen	Kevin Hansen	Street: 5303 BEARD AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
6. Shelli Thompson	Shelli J.	Street: 5325 BEARD AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
7. Shara Wooden	Shara Wooden	Street: 5343 BEARD AVE APT 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
8. MARK OTTO	Mark Otto	Street: 10500 PARKWAY	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011
		City: Franklin Zip: 53126	Franklin	(Month) (Day) (Year)
9. Edward Larkin	Edward Larkin	Street: 2054 OLIVER ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53405	None	(Month) (Day) (Year)
10. LORNA TRAVIS	Lorna Travis	Street: 4517 WESTGATE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53405	None	(Month) (Day) (Year)

Certification of Circulator

I, Allen Ceme, (certify): I reside at 421 WILMA ST None
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
 (Month) (Day) (Year)

Allen Ceme
 (Signature of Circulator)

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 000856

VAN WANGGAARD RECALL PETITION

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1. Debra Jo Chiappetta	<i>Debra Jo Chiappetta</i>	Street: 215 Kewaunee St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DK	11/19/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
2. Gloria M. Chiappetta	<i>Gloria M. Chiappetta</i>	Street: 8508 Westminster Dr. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant DSC <input type="checkbox"/> City	11/19/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Richard H. Vannest	<i>R. Vannest</i>	Street: 1309 DOUGLAS AVE City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DTC	11/20/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Kathleen A. Ernst	<i>Kathleen A. Ernst</i>	Street: 1630 New St City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Union Grove DK <input type="checkbox"/> City	11/21/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
5. Dawn M. Chiappetta	<i>DM Chiappetta</i>	Street: 211 Fries Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DSC	11/21/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
6. Jennifer Vogt	<i>Jennifer Vogt</i>	Street: 10846 Washington Ave City: Mt. Pleasant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant DSC <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
7. Brett A. Johnson	<i>Brett A. Johnson</i>	Street: 1507 Washington Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DDC	12/7/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
8. Merry Bartlett	<i>Merry Bartlett</i>	Street: 4511 17th St City: RACINE, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DSC	12/3/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
9. JESSE VILLARREAL	<i>Jesse Villarreal</i>	Street: 1733 Edgewood Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DK	12/3/2011 <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

Certification of Circulator

I, Debra Jo Chiappetta, (certify): I reside at 215 Kewaunee St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011 Debra Jo Chiappetta
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000337
 # _____

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. <u>Leroy Williams</u>	<u>[Signature]</u>	Street: <u>922 Racine St.</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
2. <u>Natalie Dehn</u>	<u>[Signature]</u>	Street: <u>5001 Byrd Ave</u> City: <u>Racine, Wis</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
3. <u>Crystal Harrington</u>	<u>[Signature]</u>	Street: <u>5001 Byrd Ave #200</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
4. <u>Joe Edwards</u>	<u>[Signature]</u>	Street: <u>3215 Byrd Ave #108</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
5. <u>NORMA WAREDIAN</u>	<u>[Signature]</u>	Street: <u>5301 Byrd Ave</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
6. <u>Mohbash Shiri Mohammed</u>	<u>[Signature]</u>	Street: <u>5401 Byrd Ave</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <u>(NW)</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
7. <u>Victor Person Jr</u>	<u>[Signature]</u>	Street: <u>5501 Citation Ln</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <u>(NW)</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
8. <u>Andre Jordan</u>	<u>[Signature]</u>	Street: <u>723 High st.</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <u>(NW)</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
9. <u>Adam Gomez</u>	<u>[Signature]</u>	Street: <u>21131 W 7th Ave Rd</u> City: <u>Fransvauve</u> Zip: _____	<input checked="" type="checkbox"/> Town <u>Norway</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: _____
10. _____	<u>[Signature]</u>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Phone: _____

Certification of Circulator

I, Maurice Williams, (certify): I reside at 1611 Edgewood Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Maurice Williams
(Signature of Circulator)

Page No. (Official Use Only)
 # 000858

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jerome Tye	<i>Jerome Tye</i>	Street: 5021 Byrd Ave #201 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
2. Antasia Echols	<i>Antasia Echols</i>	Street: 1851 Roosevelt #17 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
3. John Rockett	<i>John Rockett</i>	Street: 204 City: Racine Zip: 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
4. Constance McNeil	<i>Constance McNeil</i>	Street: 5547 Byrd Ave. City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
5. Vivian Jamison	<i>Vivian Jamison</i>	Street: 5543 Byrd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
6. BRETT LYNNER	<i>Brett Lynner</i>	Street: 5305 16TH ST City: RACINE, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT. PLEASANT <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
7. Nicole Rieudean	<i>Nicole Rieudean</i>	Street: 8613 County V City: Caledonia Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
8. Sheila Jackson	<i>Sheila Jackson</i>	Street: 1511 Maple St City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
9. Latoya Lyons	<i>Latoya Lyons</i>	Street: 1951 Lawn St City: Racine Zip: 53409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
10.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Maurice Williams, (certify): I reside at 1611 Edgewood Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 13, 2011
(Month) (Day) (Year)

Maurice Williams
(Signature of Circulator)

Page No. (Official Use Only)
000833

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Martin Griffin</u>	<u>[Signature]</u>	Street: <u>5023 Bayd Ave</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2. <u>Lynette Duktus</u>	<u>[Signature]</u>	Street: <u>3174 94th St</u> City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sturtevant</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
3. <u>Susan Marteller</u>	<u>[Signature]</u>	Street: <u>4855 Conlaine Dr</u> City: <u>Racine, WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Caledonia</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
4. <u>Raven Mitchell</u>	<u>[Signature]</u>	Street: <u>4820 Indian Hills Dr</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mont Pleasant</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Tara Harris (Name of Circulator), (certify): I reside at 4102 Saint Clair St. Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 400018001
000860

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. BRENDA MITCHELL	<i>Brenda Mitchell</i>	Street: 1934 Arthur Avenue City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
2. Harriet Schram	<i>Harriet Schram</i>	Street: 4518 Brewer City: Mt Pleasant Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/20/2011 (Month) (Day) (Year)
3. Bill Schram	<i>Bill Schram</i>	Street: 4518 Brewer Lane 53405 City: Mt Pleasant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/20/2011 (Month) (Day) (Year)
4. PATRICIA MAKYS	<i>Patricia Makys</i>	Street: 3200 Indiana St 205 City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
5. Patricia Defaut	<i>Patricia Defaut</i>	Street: 3123 Hamlin Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
6. ROBERT WESTERBAK	<i>Robert Westerbak</i>	Street: 3129 Hamlin City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)
7. NANCY WESTERBAK	<i>Nancy Westerbak</i>	Street: 3129 HAMLIN ST City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)
8. Jennifer Gomez	<i>Jennifer Gomez</i>	Street: 3025 Arlington Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
9. Shawn Fellion	<i>Shawn Fellion</i>	Street: 3059 Hamlin St City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/23/2011 (Month) (Day) (Year)
10. Pam Fellion	<i>Pam Fellion</i>	Street: 3059 Hamlin St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/23/2011 (Month) (Day) (Year)

Certification of Circulator

I, Laura Kroll, (certify): I reside at 3111 Hamlin Racine.
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Kroll
(Signature of Circulator)

Page No. (Official Use Only)
000861

Circulator

Phone

Email

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Laura Kroll	<i>Laura Kroll</i>	Street: 3111 Hamlin Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
2. Thomas Kroll	<i>Thomas Kroll</i>	Street: 3111 Hamlin St City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
3. PAUL CRANSTON	<i>Paul Cranston</i>	Street: 3108 Hamlin St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
4. FRED OATES	<i>Fred Oates</i>	Street: 3100 Hamlin St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
5. MADIE RILEY	<i>Madie B. Riley</i>	Street: 3147 Hamlin Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
6. Jill Rasmussen	<i>Jill Rasmussen</i>	Street: 3158 Hamlin City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
7. JOAN DOYLE	<i>Joan Doyle</i>	Street: 3155 Debra Ln. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
8. VINCENT DOYLE	<i>Vincent Doyle</i>	Street: 3155 Debra Ln City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
9. Roger Manly	<i>Roger Manly</i>	Street: 3100 Debra Ln City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
10. Jane Killis	<i>Jane Killis</i>	Street: 1510 Junction City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Laura Kroll (Name of Circulator) (certify): I reside at 3111 Hamlin (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Kroll
(Signature of Circulator)

Page No. 000882
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Circulator
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Emily Nicholson	<i>Emily Nicholson</i>	Street: 3114 Hamlin Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
2. Dianne Drefahl	<i>Dianne Drefahl</i>	Street: 3740 Wyoming Way City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/26/2011 (Month) (Day) (Year)
3. EUGENIA HUGGINS	<i>Eugenia Huggins</i>	Street: 4526 Pleasant Lane City: Racine WI Zip: 53405	<input checked="" type="checkbox"/> Town Mt. <input type="checkbox"/> Village Pleasant <input type="checkbox"/> City	11/27/2011 (Month) (Day) (Year)
4. GEORGIA WAGNER	<i>Georgia Wagner</i>	Street: 1624 PRATT AVE City: RACINE WI Zip: 53403	<input checked="" type="checkbox"/> Town Mt. <input type="checkbox"/> Village Pleasant <input type="checkbox"/> City	11/27/2011 (Month) (Day) (Year)
5. Jennifer Roubels	<i>Jennifer Roubels</i>	Street: 2400 GILBERT ST City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)
6. BRIAN WIDMAR	<i>Brian Widmar</i>	Street: RACINE 4535 MARYLAND AVE City: RACINE W Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/27/2011 (Month) (Day) (Year)
7. Austin Iverson	<i>Austin Iverson</i>	Street: 1231 Harrington Drive City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)
8. Walenda Riley	<i>Walenda Riley</i>	Street: 4800 UNDER HILLSIDE ST City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)
9. Sue Voss	<i>Sue Voss</i>	Street: 2925 - 96th Street City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)
10. ILMA CARTES	<i>Ilma Cartes</i>	Street: 3100 Hamlin City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)

Certification of Circulator

I, Laura Kroll (Name of Circulator), (certify) I reside at 3111 Hamlin (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Kroll
(Signature of Circulator)

Page No. (Official Use Only)
000863

Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. James M. Kelly	<i>James M. Kelly</i>	Street: 500 Wellington Dr. City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
2. Jesus Santos Jr	<i>Jesus Santos Jr</i>	Street: 1414 Kentucky St City: Racine Wis Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
3. Cheryl Fredrick	<i>Cheryl Fredrick</i>	Street: 8523 Old Spring St City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
4. Chedrick Johnson	<i>Chedrick Johnson</i>	Street: 1356 Washington Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/03/2011 (Month) (Day) (Year)	Email Phone
5. Joyce Gatti	<i>Joyce Gatti</i>	Street: 2327 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
6. Katy Peterson	<i>Katy M</i>	Street: 4400 Victory Ave City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
7. Angela Morales-Heyl	<i>Angela Morales-Heyl</i>	Street: 3827 Maryland Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
8. Jill Hoffman	<i>Jill Hoffman</i>	Street: 3608 Kinzie Ave City: Racine Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
9. Karen Erson	<i>Karen Erson</i>	Street: 3841 Glencoe Dr City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
10. Tracy Botterman	<i>Tracy Botterman</i>	Street: 3314 Pierce Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone

I, Laura Betker (Name of Circulator), (certify): I reside at 2320 Gilson St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011 (Month) (Day) (Year)

Laura Betker (Signature of Circulator)

Page No. (Official Use Only)
000864

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Stacey Zimmerman		Street: 1457 Mungraw CT City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Lessie Edward		Street: 1515 Maple St. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Dennis D Smith		Street: 404 WATER ST City: WATERFORD WI Zip: 53185	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WATERFORD	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. TERRY HARDEN		Street: 18231 Washington City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Katie Hardin		Street: 18231 Washington Ave. City: Union Grove Zip: 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. John G. Cozad		Street: 14008 50th Rd City: Sturtevant WI Zip: 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/03/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Martha Cozad		Street: 14008 50th Rd City: Sturtevant Zip: 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Patricia Johnson		Street: 1816 Park Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Alpha SerSany		Street: 215 Island Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Chris Tumczak		Street: 1714 Kings St Rd City: Keweenaw WI Zip: 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Keweenaw	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

I, Laura Betker, (certify): I reside at 2320 Gilson St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Laura Betker
(Signature of Circulator)

Page No. (Official Use Only)
 # 000865

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(Month) (Day) (Year)

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email
1. Sharon Mikulecky	<i>Sharon Mikulecky</i>	Street: 500 Wellington Dr City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	12/3/2011 (Month) (Day) (Year)	Phone ()
2. Lisa M Karasek	<i>Lisa M Karasek</i>	Street: 8465 Westminster Drive City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 (Month) (Day) (Year)	Email alee Phone ()
3. Jon Schubert	<i>Jon Schubert</i>	Street: 3604 Waterbury Ln. City: Racine Zip: 53413	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
4. Amanda Marquez	<i>Amanda Marquez</i>	Street: 2033 1/2 Kearney Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
5. ROBERT T. MALESKE	<i>Robert T. Maleske</i>	Street: 1916 WISCONSIN AVE City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 (Month) (Day) (Year)	Email Phone ()
6. Karen Walters	<i>Karen Walters</i>	Street: 3485 Oak Tree City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 (Month) (Day) (Year)	Email Phone ()
7. Beth R. Rubanka	<i>Beth R. Rubanka</i>	Street: 1249 West Blvd. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
8. Patricia Caldwell	<i>Patricia Caldwell</i>	Street: 2805 Spring St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 (Month) (Day) (Year)	Email Phone ()
9. Tamika Jackson	<i>Tamika Jackson</i>	Street: 1418 E. WISCONSIN AVE. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 (Month) (Day) (Year)	Email Phone ()
10. Martha Cozad	<i>Martha Cozad</i>	Street: 14008 50th Road City: Sturtevant Zip: 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 (Month) (Day) (Year)	Email Phone ()

I, Laura Betker (Name of Circulator), (certify): I reside at 2320 Gikon St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S 12.13(3)(a) Wis. Stats.

12 / 3 / 2011 (Month) (Day) (Year)

Laura Betker (Signature of Circulator)

Page No. (Official Use Only)
000366

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Diannem young	<i>[Signature]</i>	Street: 5209 Kinzie Ave City: Racine WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Nicole Schumann	<i>[Signature]</i>	Street: 5730 Sandview Ln City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Linda McClure	<i>[Signature]</i>	Street: 5655 Wakefield Ave City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MTPLEASANT	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Sheri Farnsworth	<i>[Signature]</i>	Street: 1306 West Lawn Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. LEE LAITINEN	<i>[Signature]</i>	Street: 1508 LATHROP AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Rana Collier	<i>[Signature]</i>	Street: 5651 Bx 102 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Jameel Ghauri	<i>[Signature]</i>	Street: 1700 WISCONSIN City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Alonzo	<i>[Signature]</i>	Street: 1922 City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. ANN CARBAJAL	<i>[Signature]</i>	Street: 3321 Raymond Ct City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MTPLEASANT	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Melanie Baumgardt	<i>[Signature]</i>	Street: 2900 Rosalind Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

I, Laura Betker (Name of Circulator), (certify): I reside at 2320 Gilson Street Racine (Circulator's Residence - Street name and Number), Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Betker
(Signature of Circulator)

Page No. (Official Use Only)

000367

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. <u>Brian Robery</u>	<u>[Signature]</u>	Street: <u>1923 Marquette St</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/2/2011</u> <small>(Month) (Day) (Year)</small>	
2. <u>Daniel R. Carbajal</u>	<u>[Signature]</u>	Street: <u>3716 Haven Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
3. <u>Antonio Carlgren</u>	<u>[Signature]</u>	Street: <u>3321 Raymond Ct.</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>MT</u> <input type="checkbox"/> City <u>Pleasant</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
4. <u>Robin Mars</u>	<u>[Signature]</u>	Street: <u>8708 Citadel Terrace</u> City: <u>Sturtevant</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
5. <u>MYNETTE OLIVER</u>	<u>[Signature]</u>	Street: <u>4309 21st Street</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
6. <u>CHRISTINE S. COOK</u>	<u>[Signature]</u>	Street: <u>717 GROVE AVE.</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
7. <u>MARK GABLE</u>	<u>[Signature]</u>	Street: <u>1452 Margrace Ct</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
8. <u>Bridget Kristan</u>	<u>[Signature]</u>	Street: <u>627 Newman Rd</u> City: <u>Racine WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>MT Pleasant</u> <input type="checkbox"/> City	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
9. <u>MARY E. Williams</u>	<u>[Signature]</u>	Street: <u>1040 Delamere Ave</u> City: <u>Racine Wis</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	
10. <u>SUSAN GOWD</u>	<u>[Signature]</u>	Street: <u>3229 Nobb Hill Dr</u> City: <u>Racine WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>MT Pleasant</u> <input type="checkbox"/> City	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	

I, Laura Betker (Name of Circulator), (certify): I reside at 2320 Gilson St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000868

Circulator

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Sonja Dresen	<i>[Signature]</i>	Street: 1107th St #514 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. ARVIND CHAUDHARY	<i>[Signature]</i>	Street: 5333 VALLEY TRAIL City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village OF WIND POINT <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Katherine Schultz	<i>[Signature]</i>	Street: 1609 Holmes Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
4. Justin Schultz	<i>[Signature]</i>	Street: 1609 Holmes City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5. Amanda Wjork	<i>[Signature]</i>	Street: 1712 Arcturus Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
6. Clifton Duke	<i>[Signature]</i>	Street: 815 5th Apt. M-07 City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Kathleen Ryaszewicz	<i>[Signature]</i>	Street: 2211 Jerome Blvd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. BRADY CARRILLO	<i>[Signature]</i>	Street: 1204 WOLFEST City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>
9. PATRICK LEJENDAT	<i>[Signature]</i>	Street: 3112 Cozy Acres Rd City: RACINE Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village H Pleasant <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>
10. Angela K. Petersen	<i>[Signature]</i>	Street: 600 - 21st St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Nicala Aiello, (certify): I reside at 1528 West Sixth St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

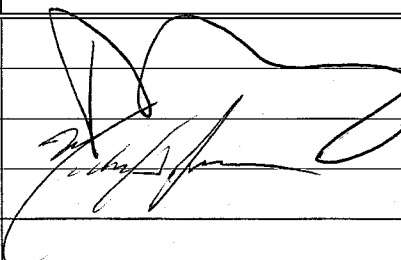
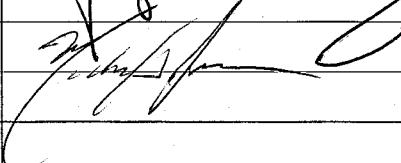
[Signature]
(Signature of Circulator)

Page No. 000889
(Page No. - Initial Use Only)

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. <u>Paula Murphy</u>		Street: <u>1835 12th St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2. <u>Michael Steiner</u>		Street: <u>1710 Winslow St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/ /20</u> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Nicola Aiello, (certify): I reside at 1528 W 6th St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 2011 Nicola Aiello
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000370

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.		Street: 2328 21st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
John Hamilton	<i>John Hamilton</i>	City: Racine Zip: 53405			Phone
2.		Street: 13121 7-Mile Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
STEVEN SCHULMER	<i>Steve Schuler</i>	City: CALEDONIA WI Zip: 53108			Phone
3.		Street: 815 8th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
Jeremy Wampole	<i>Jeremy Wampole</i>	City: Racine WI Zip: 53403			Phone
4.		Street: 5007 Hunt Club Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Windpoint	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
Barbara Mader	<i>Barbara Mader</i>	City: Racine Zip: 53402			Phone
5.		Street: 644 Sunnyview	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
Kathy Wee	<i>Kathy Wee</i>	City: Racine Zip: 53406			Phone
6.		Street: 4719 INDIAN HILLS DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
NINA SIGATONS	<i>Nina Sigatons</i>	City: RACINE WI Zip: 53406			Phone
7.		Street: 4728 Bluebird Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
Shelby Rosier Salvhus	<i>Shelly Rosier Salvhus</i>	City: Racine Zip: 53406			Phone
8.		Street: 4728 BLUEBROOK	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
KICK SALVHUS	<i>Kick Salvhus</i>	City: Racine WI Zip: 53406			Phone
9.		Street: 1910 Rapids Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
Ruth Pina	<i>Ruth Pina</i>	City: Racine Zip: 53404			Phone
10.		Street: 2811 Charles St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email
Michael A. Perez	<i>Michael A. Perez</i>	City: Racine WI Zip: 53402			Phone

Certification of Circulator

I, Nicala Aiello, (certify): I reside at 1528 W. 6th St. Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 120 / 11
(Month) (Day) (Year)

Nicala Aiello
(Signature of Circulator)

Page No. (Official Use Only)

#000871

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>John Stewart</u>	<u>John Stewart</u>	Street: <u>1708 Maple St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone
2. <u>GENEVA BRIDGEWATER</u>	<u>Geneva Bridgewater</u>	Street: <u>1708 Maple St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone
3. <u>Diontrex Grandberry</u>	<u>Diontrex Grandberry</u>	Street: <u>718 Yout St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone
4. <u>Sinitha Thuluvath</u>	<u>Sinitha Thuluvath</u>	Street: <u>720 S Marquette #310</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone
5. <u>Theresa Gonzales</u>	<u>Theresa Gonzales</u>	Street: <u>1720 Edgewood Ave</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone
6. <u>Jay Hansche</u>	<u>Jay Hansche</u>	Street: <u>4736 Hansche Rd</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mt Pleasant</u>	<u>12/1/2011</u> (Month) (Day) (Year)	Email Phone
7. <u>Sam Nielsen</u>	<u>Sam Nielsen</u>	Street: <u>1240 William</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone
8. <u>John Olsen</u>	<u>John Olsen</u>	Street: <u>1113 Carlisle Ave</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone
9. <u>Emma Huggins</u>	<u>Emma Huggins</u>	Street: <u>255 N Memorial Dr</u> City: <u>Racine, WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone
10. <u>RON MELOW</u>	<u>Ron Melow</u>	Street: <u>949 WASHINGTON AVE. APT 201</u> City: <u>RACINE</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Nicala Aiello, (certify): I reside at 1528 W. Sixth St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 120 11
(Month) (Day) (Year)

Nicala Aiello
(Signature of Circulator)

Page No. (Official Use Only)
000872

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. THOMAS FUGATE	<i>Thomas Fugate</i>	Street: 6028 Quaker Hill Rd City: RACINE Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/23/2011 (Month) (Day) (Year)	Email Phone
2. RYAN Langdon	<i>Ryan D Langdon</i>	Street: 1546 Hayes Ave City: Racine, WI Zip: 53405	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
3. Holly Hasker	<i>Holly Hasker</i>	Street: 1608 Charles St City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
4. John Pettus	<i>John Pettus</i>	Street: 1608 Charles St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
5. Matthew Puma	<i>Matthew Puma</i>	Street: 218 Ohio St City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
6. Randy Lown	<i>Randy Lown</i>	Street: 1102 Emerald Dr. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
7. Julia Reeser	<i>Julia Reeser</i>	Street: 3716 Washington Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
8. Latonya Brown	<i>Latonya Brown</i>	Street: 4607 Pilgrim Drive City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/3/2011 (Month) (Day) (Year)	Email Phone
9. Jim Pyne	<i>James Pyne</i>	Street: 2307 MOHR AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	12/3/2011 (Month) (Day) (Year)	Email Phone
10. SARDA Abrahamson	<i>Sandra Abrahamson</i>	Street: 4305 15th ST 53405 City: RACINE Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	12/3/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, David Johnson (Name of Circulator), (certify): I reside at 1300 York St (Circulator's Residence - Street name and Number) Union Grove (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

David Johnson
(Signature of Circulator)

Page No. (Official Use Only)

#000873

Circulator

Ph

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. <u>Jebruel N. Young-Lump</u>	<u>[Signature]</u>	Street: <u>5015 Regency Hills Dr.</u> City: <u>Racine, WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <u>MT Pleasant</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
2. <u>CATHERINE L. DALLAS</u>	<u>[Signature]</u>	Street: <u>1046 Wisconsin Ave</u> City: <u>RACINE, WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
3. <u>Noah D. Bober</u>	<u>[Signature]</u>	Street: <u>1646 Wisconsin Ave.</u> City: <u>Racine, WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
4. <u>Katie Fiore</u>	<u>[Signature]</u>	Street: <u>2619 Olive St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
5. <u>MARK CHURCH</u>	<u>[Signature]</u>	Street: <u>3945 Wood Lane</u> City: <u>RACINE WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
6. <u>Steven E. Carlson</u>	<u>[Signature]</u>	Street: <u>2652 Wyndfield Dr</u> City: <u>Racine</u> Zip: <u>5344</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>MT Pleasant</u> <input type="checkbox"/> City	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
7. <u>William Bert Hill</u>	<u>[Signature]</u>	Street: <u>2041 West Rd</u> City: <u>RACINE</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
8. <u>EVONE ASHLEY</u>	<u>[Signature]</u>	Street: <u>1613 Oregon St</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
9. <u>Kalasha Lott</u>	<u>[Signature]</u>	Street: <u>1523 Dr Martin L. King Jr</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()
10. <u>Darren Dunt</u>	<u>[Signature]</u>	Street: <u>6501 Channel Rd</u> City: <u>Waterford WI</u> Zip: <u>53185</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone ()

Certification of Circulator

I, David Johnson, (certify): I reside at 1300 York St Union Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 2011
(Month) (Day) (Year)

David Johnson
(Signature of Circulator)

Page No. (Official Use Only)

000374

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Arthur Henschel		Street: 5728 Sandy Ln. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Aldred D. Days		Street: 4939 Juniper Ct. City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. RICHARD J TUTTLE		Street: 12125 W. 4 1/4 MILE RD City: FRANKSVILLE Zip: 53126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village RAYMOND <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Kathryn A. Ortiz		Street: 1604 Blaine Ave City: Racine Zip: W-53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Edward W. Smith, Jr.		Street: 418 3rd Ave. #3 City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. RICHARD PEDERSEN		Street: 3701 BURN OAK DR City: MT. PLEASANT Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT. PLEASANT <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Scott A. Oliver		Street: 3443 E Elmwood Dr. City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Elmwood <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Cathleen Gorman		Street: 1100 Summerset Dr. City: Racine, WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Wm Korako		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10. Wm Korako		Street: 719 Echo Lane City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, David Johnson, (certify): I reside at 1300 York St Union Grove (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
 (Month) (Day) (Year)

David Johnson
 (Signature of Circulator)

Page No. (Official Use Only)
 # 000875

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Diane Norton	<i>Diane Norton</i>	Street: 8409 Majestic Hills Dr City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 <small>(Month) (Day) (Year)</small>	
2. JEAN St. Louis	<i>Jean St. Louis</i>	Street: 8022 Valley Dr. City: WINDLAKE Zip: 53185	<input checked="" type="checkbox"/> Town NORWAY <input type="checkbox"/> Village <input type="checkbox"/> City WINDLAKE	12/3/2011 <small>(Month) (Day) (Year)</small>	
3. Abdelmassoud Dahan	<i>Abdelmassoud Dahan</i>	Street: 1001 Center St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
4. Anthony Keith	<i>Anthony Keith</i>	Street: 5310 Athens AV City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
5. Jeff E. Green	<i>Jeff E. Green</i>	Street: 4801 Highmeadows Terrace City: Mt Pleasant Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	
6. Nicole DEMBOWSKI	<i>Nicole Dembowski</i>	Street: 10426 DUNKELDOW RD City: FRANKVILLE WI Zip: 53126	<input checked="" type="checkbox"/> Town FRANKS <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DJ Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	
7. Katrina Taylor	<i>Katrina Taylor</i>	Street: 4533 15th St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
8. Lisanth Heider	<i>Lisanth Heider</i>	Street: 2008 Lawn St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
9. Katherine Young	<i>Katherine Young</i>	Street: 1451 Warwick Way City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	
10. Marilyn Golden	<i>Marilyn Golden</i>	Street: 1709 Patriot Way City: MT. Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, David Johnson (Name of Circulator), (certify): I reside at 1300 York St (Circulator's Residence - Street name and Number) Union Grove (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

David Johnson
(Signature of Circulator)

Page No. (Official Use Only)

#000876

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Anna L. Reberman	<i>Anna L. Reberman</i>	Street: 4208 Taylor Ave NW #7 City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 (Month) (Day) (Year)	Email Phone ()
2. Susan Kopf	<i>Susan Kopf</i>	Street: 8501 Camelot Trce. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 (Month) (Day) (Year)	Email Phone ()
3. Casimir Stawski	<i>Casimir Stawski</i>	Street: 15941 DURAND Lot 82-C City: UNION GROVE Zip: 53189	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	12/3/2011 (Month) (Day) (Year)	Email Phone ()
4. Judith A. Hython	<i>Judith A. Hython</i>	Street: 2316 Kentucky St City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
5. Sharon A. Harris	<i>Sharon A. Harris</i>	Street: 4215 Durand Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
6. GEORGE T. HIX	<i>George T. Hix</i>	Street: 4915 SCHOEN RD City: UNION GROVE Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	12/3/2011 (Month) (Day) (Year)	Email Phone ()
7. Alexander Tollie	<i>Alexander Tollie</i>	Street: 1216 Park Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
8. Kurtis Oliver SR	<i>Kurtis Oliver Sr.</i>	Street: 4309 21st St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()
9. Donna Sorenson	<i>Donna Sorenson</i>	Street: 3040 90th St. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 (Month) (Day) (Year)	Email Phone ()
10. Connelia G. Gots	<i>Connelia G. Gots</i>	Street: Racine 25119 TARC City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Carl Hassiter, Jr. (Name of Circulator), (certify): I reside at 5255 Coachlamp Drive Mt. Pleasant (Circulator's Residence - Street name and Number), Mt. Pleasant (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

December 3 2011
(Month) (Day) (Year)

Carl Hassiter, Jr.
(Signature of Circulator)

Page No. (Official Use Only)
000377

Circulators

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. <u>C. G. White</u>	<u>[Signature]</u>	Street: <u>5255 Coachlamp Drive</u> City: <u>Mt. Pleasant</u> Zip: <u>53406</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
2.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
3.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
4.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
5.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
6.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
7.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
8.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
9.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>
10.		Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Phone: <u></u>

Certification of Circulator

I, Carl Lassiter Jr. (Name of Circulator), (certify): I reside at 5255 Coachlamp Drive Mt. Pleasant (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

December 3 2011 (Month) (Day) (Year) Carl G. Lassiter Jr. (Signature of Circulator)

Page No. 000378 (Official Use Only)

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Desmond Williams	<i>Desmond Williams</i>	Street: 1416 West Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
2. Valerie Arnold	<i>Valerie Arnold</i>	Street: 420 - 3 Mile Rd. #A6 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
3. Cora Little	<i>Cora Little</i>	Street: 725 South Street City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
4. Barbara Vinson	<i>Barbara Vinson</i>	Street: 1808 Mead St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
5. Melinda Ayala	<i>Melinda Ayala</i>	Street: 2043 N. Wisconsin City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
6. Robert Rangel	<i>Robert Rangel</i>	Street: 407 Saint Patrick St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
7. Richard Gerardo	<i>Richard Gerardo</i>	Street: 4111 Erie St Apt 207 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 (Month) (Day) (Year)
8. GERALD J. CEASAR	<i>Gerald J. Caesar</i>	Street: 4305 ERIE ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 (Month) (Day) (Year)
9. Petriana Burns	<i>Peterson Burns</i>	Street: 4130 MARQUETTE City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
10. Michael Albright	<i>Michael Albright</i>	Street: 719 Villa St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)

Certification of Circulator

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12 / 03 / 2011
(Month) (Day) (Year)

Keith Kohlmann
(Signature of Circulator)

262-639-7455

Page No. 000879
#

K 47118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. William Drongo	<i>Will D</i>	Street: 1638 Taylor Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. Whitney Coleman	<i>Whitney</i>	Street: 1823 Franklin St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Geneva Clemon	<i>Geneva Clemon</i>	Street: 1533 Villa St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
4. Rowanda Harris	<i>Rowanda Harris</i>	Street: 3302 17th St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5.	<i>NR</i>	Street: <i>NR</i> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
6. Andrew Del Ray	<i>Andrew Del Ray</i>	Street: 1614 St. Claire St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Pamela Maxwell	<i>Pamela Maxwell</i>	Street: 2228 Mead Street City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. Ray Orłowski	<i>Ray Orłowski</i>	Street: 1308 LaSalle Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 03 / 2011 (Month) (Day) (Year)

Keith Kohlmann (Signature of Circulator)

262-639-7455

Page No. (Official Use Only)
000380

K 41118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <i>Maria Ramirez</i>	<i>Maria Ramirez</i>	Street: 2101 Baywood Ave #22 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
2. Crystal Price	<i>Crystal Price</i>	Street: 833 College Ave. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
3. Donald Greenhalgh	<i>Donald Greenhalgh</i>	Street: 2200 Washington Apt. 101 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
4. Anthony Bogan	<i>Anthony Bogan</i>	Street: 1832 Taylor Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
5. Yadiria Ramirez	<i>Yadiria Ramirez</i>	Street: 1246 Grand Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
6. Esmeralda Hinojosa	<i>Esmeralda Hinojosa</i>	Street: 1219 Hamilton St. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
7. Carmen Rodriguez	<i>Carmen Rodriguez</i>	Street: 1234 Dr. ML King Dr. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
8. JOE W BROWN	<i>Joe W Brown</i>	Street: 1613 Liberty Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
9. Justin Dresen	<i>Justin Dresen</i>	Street: 816 Wolff St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)
10. Willie Allen	<i>Willie Allen</i>	Street: 516 11th Racine City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 03 / 2011 (Month) (Day) (Year)

Keith Kohlmann (Signature of Circulator)

Page No. (Printed Only)
000831

K 1118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin, petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kattie Pruitt	<i>Kattie Pruitt</i>	Street: 1406 Douglas Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. Willie Miller	<i>Willie Miller</i>	Street: 1406 Douglas Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Michael Perne	<i>Michael Perne</i>	Street: 2301 Golf Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
4. Denise Tucher	<i>Denise Tucher</i>	Street: 1843 Center St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5. Rocco DeMark	<i>Rocco DeMark</i>	Street: 1600 Albert Street City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
6. Kim Mack	<i>Kim Mack</i>	Street: 2920 Lincolnwood Dr. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Courtnie Stevens	<i>Courtnie Stevens</i>	Street: 2211 Mead Street City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. David Ferrell	<i>David Ferrell</i>	Street: 2104 Carmel Avenue City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
9. Jerry M. Howell	<i>Jerry M. Howell</i>	Street: 2701 Arlington Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. Racine (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 03 / 2011
(Month) (Day) (Year)

Keith Kohlmann
(Signature of Circulator) 262-639-7455

Page No. (Official Use Only)
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K47718

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Gregory Dzielarczyk	Gregory Dzielarczyk	Street: 4415 31st Ave City: Kenosha Wis Zip: 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	12/3/2011 (Month) (Day) (Year)	Email Phone
2. Gottfried ROTHENBERGER		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
3. Timothy Lawia		Street: 9219 Dahlg Ln. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine Mt. Pleasant	12/3/2011 (Month) (Day) (Year)	Email Phone
4. Joseph Carr Jr		Street: 1333 Oakes Rd #13 53406 City: Mt. Pleasant Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 (Month) (Day) (Year)	Email Phone
5. KEVIN R SMITH		Street: 1436 90th St City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	12/3/2011 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Nicole Linskens, (certify): I reside at 4300 N Main St #133 Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Nicole Linskens
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Seanie Wridt	<i>Seanie Wridt</i>	Street: 2801 Parkshine Dr City: MT Pleasant WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 (Month) (Day) (Year)	Email Phone (26)
2. Natasha Miller	<i>N. Miller</i>	Street: 2041 Grove Ave City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone (26)
3. Kimberly Kasprauk	<i>K. Kasprauk</i>	Street: 1801 Elliot Dr City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	12/3/2011 (Month) (Day) (Year)	Email Phone (95)
4. Scott Kasprauk	<i>S. Kasprauk</i>	Street: 1801 Elliot Drive City: U.G. WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City U.G.	12/3/2011 (Month) (Day) (Year)	Email Phone (85)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Nicole Linskens, (certify): I reside at 4300 N. Main St. #133 Caledonia
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 1 3 120 11
 (Month) (Day) (Year)

Nicole Linskens
 (Signature of Circulator)

Page No. 000534
 #

Circulator
 Phone
 Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Richard Channon	[Signature]	Street: 4712 Charles St City: Racine WI Zip: 53402	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	12/3/2011 (Month) (Day) (Year)		
2. Toni M. Rayb	[Signature]	Street: 1835 Ellis Ave City: Racine WI Zip: 53402	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)		
3. DUANE WAMPOLE	[Signature]	Street: 4406 DURAND AVE City: RACINE Zip: 53405	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	12/3/2011 (Month) (Day) (Year)		
4. Karen Lavita	[Signature]	Street: 9219 Dahlia Ln City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	12/3/2011 (Month) (Day) (Year)		
5. STEPHEN PAIGE	[Signature]	Street: 1819 ALBERT ST 53404 City: Racine Zip: 53404	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)		
6. JOLANTA SMITH	[Signature]	Street: 1436-90th ST City: RACINE WI Zip: 53402	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City MT PLEASANT	12/3/2011 (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		

Certification of Circulator

I, Nicole Linskens (Name of Circulator) (certify): I reside at 4300 N Main St. #133 (Circulator's Residence - Street name and Number) Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011 (Month) (Day) (Year)

Nicole Linskens (Signature of Circulator)

Page No. 000883

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>Tania Anderson</u>	<u>Tania Anderson</u>	Street: <u>1819 Geneva St</u> City: <u>Racine</u> Zip: <u>02</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone
2. <u>Rosa Ruiz</u>	<u>Rosa Ruiz</u>	Street: <u>2117 Kentucky St</u> City: <u>Racine</u> Zip: <u>05</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Nicole Linskens, (certify): I reside at 4300 N. Macine #133 Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 3 2011
(Month) (Day) (Year)

Nicole Linskens
(Signature of Circulator)

Page No. (Official Use Only)

000386

Circulator

Phone

Signature

44

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Nancy Flores</u> Sign: <u>[Signature]</u>	Street: <u>1724 youtst</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email () Phone ()

I, Mary Detero (certify): I reside at 4409 Patzke Rd Caladornia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators
Please include your contact information

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. State

12/3/2011 Mary Detero
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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Phone
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Email
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Return by
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Morningstar Marquee</u> Sign: <u>[Signature]</u>	Street: <u>2900 21st Street</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>
2. Print: <u>Vydal Vargas Jr.</u> Sign: <u>[Signature]</u>	Street: <u>2900 21st Street</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>
3. Print: <u>Dianne Tabatake</u> Sign: <u>[Signature]</u>	Street: <u>7731 W. Main Street</u> City: <u>Franklin WI</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>()</u>
4. Print: <u>Ben Johnston-Krase</u> Sign: <u>[Signature]</u>	Street: <u>705 Augusta St</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>Ben</u> <u>(262)</u>
5. Print: <u>Kimberly Prewitt</u> Sign: <u>[Signature]</u>	Street: <u>1648 WISCONSIN AVE B</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>()</u>

I, Mary Totera (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone

Email

12, 3 2011 Mary Totera
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 250
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Shanika Kelly</u> Print: _____ Sign: <u>[Signature]</u>	Street: <u>1119 Irving Dr</u> City: <u>Racine</u> Zip: <u>53408</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>262</u> _____
2. <u>Whitney Brown</u> Print: _____ Sign: <u>[Signature]</u>	Street: <u>227 blaine Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. <u>Cecilia Olguin</u> Print: _____ Sign: <u>Cecilia Olguin</u>	Street: <u>1205 Summit Ave.</u> City: <u>Racine WI.</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. <u>Brian F O'Connell</u> Print: _____ Sign: <u>[Signature]</u>	Street: <u>2326 N. Main St.</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>262</u> _____
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

I, Mary Tetero (certify): I reside at 4409 Patzke Rd Caladonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your contact information

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(b), WIS. Stats.

12 / 3 / 2011
(Month) (Day) (Year) Mary Tetero
(Signature of Circulator)

Page No. (Official Use Only)
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Email: _____

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by 12

Committee to
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Mayra Jauregui</u> Sign: <u>Mayra Jauregui</u>	Street: <u>739 Villa St.</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
2. Print: <u>Yolanda V</u> Sign: <u>Yolanda V</u>	Street: <u>Parker</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/1/20</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
3. Print: <u>Yolanda Vargas</u> Sign: <u>Y V Perez</u>	Street: <u>2010 Parker Av.</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
4. Print: <u>Vinh Dao</u> Sign: <u>Vinh Dao</u>	Street: <u>1104 Martin Luther King Dr.</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
5. Print: <u>LISA Villarreal</u> Sign: <u>Lisa Villarreal</u>	Street: <u>4212 Byrd Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()

I, Mary Peters (Printed Name of Circulator), (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caledonia (Circulator Municipality)

Circulators
Please include your con

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 3 / 2011 (Month) (Day) (Year)
Mary Peters (Signature of Circulator)

Page No. (Official Use Only)
000390

Phone
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Email

VAN WANGGAARD RECALL PETITION

Return by J

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Rebekah Schack</u> Sign: <u>Rebekah S.</u>	Street: <u>1721 1/2 Lasalle St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
2. Print: <u>Rodolfo Ramirez</u> Sign: <u>Rodolfo Ramirez</u>	Street: <u>2117 Kentucky St</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
3. Print: <u>Arthur Riley</u> Sign: <u>Arthur Riley</u>	Street: <u>1010 Park Ave</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
4. Print: <u>Mary Taborne</u> Sign: <u>Mary Taborne</u>	Street: <u>5935 Margery Dr #104</u> City: <u>Racine WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
5. Print: <u>Rosalina Buitera</u> Sign: <u>Rosalina Buitera</u>	Street: <u>2817 Arthur Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()

I, Mary Deter (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your contact information.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(a), Wis. Stats.

12, 3, 2011 Mary Deter
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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Phone
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Email

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Madelyn Lampark</u> Sign: <u>Madelyn Lampark</u>	Street: <u>1841 Polaris Ave</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Cynthia Tigges</u> Sign: <u>Cynthia Tigges</u>	Street: <u>1724 Centennial Ln</u> City: <u>Mt. Pleasant</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>mt</u> <input type="checkbox"/> City <u>Mt. Pleasant</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Debra Lein</u> Sign: <u>Debra Lein</u>	Street: <u>3201 County Rd H</u> City: <u>Sturtevant</u> Zip: <u>WI 53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Shannon Nabors</u> Sign: <u>Shannon Nabors</u>	Street: <u>1232 N. Wisconsin St</u> City: <u>Racine, WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone (262)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone (262)

I, Mary Tolero (certify): I reside at 4409 Patzke Rd
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Certification of Circulator

Caladonic
(Circulator Municipality)

Circulators,
Please include your contact information

Phone
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Email
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

12 / 3 / 2011
(Month) (Day) (Year)

Mary Tolero
(Signature of Circulator)

Page No. (Official Use Only)
000892

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Margaret Lampark</u> Sign: <u>Margaret Lampark</u>	Street: <u>1841 Polaris Ave</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>Clarissa Braun</u> Sign: <u>Clarissa Braun</u>	Street: <u>4218 Durand Ave.</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (262) ()
3. Print: <u>Rebecca Fick</u> Sign: <u>Rebecca Fick</u>	Street: <u>2425 Catherine Dr.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>GERARDO Flores</u> Sign: <u>Gerardo Flores</u>	Street: <u>1724 yout</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Mary Deters (certify): I reside at 9409 Pablo Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)
Mary Deters
(Signature of Circulator)

Page No. (Official Use Only)
000893

Circulators.
Please include your contact information.

Phone

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Email

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by

Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Michael Cook</u> Print: <u>Michael Cook</u> Sign: <u>Michael Cook</u>	Street: <u>3807 Wright Ave</u> City: <u>Racine</u> Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ (_____)
2. <u>Nakeia Watson</u> Print: <u>Nakeia Watson</u> Sign: <u>Nakeia Watson</u>	Street: <u>1342 Stuart Rd</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ (_____)
3. <u>Julie McClain</u> Print: <u>Julie McClain</u> Sign: <u>Julie McClain</u>	Street: <u>1925 Winthrop Ave</u> City: <u>Racine WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ (202 _____)
4. <u>Stacy Schrandt</u> Print: <u>Stacy Schrandt</u> Sign: <u>Stacy Schrandt</u>	Street: <u>4508 Taylor Ave</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ (_____)
5. <u>Jessica Safransky</u> Print: <u>Jessica Safransky</u> Sign: <u>Jessica Safransky</u>	Street: <u>13430 County Line Rd</u> City: <u>Mount Pleasant</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mount Pleasant</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ (_____)

I, Mary Detero, (certify): I reside at 4409 Patzke Rd Caladonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)
Mary Detero
(Signature of Circulator)

Page No. (Official Use Only)

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Phone

(_____)

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by

Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>KATHY THOMPSON</u> Sign: <u>Kathy Thom</u>	Street: <u>1718 12th St</u> City: <u>RACINE</u> Zip: <u>53403</u>	<input checked="" type="checkbox"/> Town <u>KT</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>RACINE</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Crystal Burns</u> Sign: <u>Cryst Burns</u>	Street: <u>927 Superior St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Sandra Hill</u> Sign: <u>Sandra Hill</u>	Street: <u>RACINE 53403</u> City: <u>2831 Winthrop Ave</u> Zip: <u>03</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Judith L. Renquist</u> Sign: <u>Judith Renquist</u>	Street: <u>711 Tower Circle</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WILD POINT</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone (262)
5. Print: <u>Shevon Smith</u> Sign: <u>Shum Smith</u>	Street: <u>4719 Indian Hills Dr. #9</u> City: <u>Wt. Pleasant</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wt. Pleasant</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email () Phone ()

1. Mary Detero (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011 Mary Detero
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE INDICATED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)
1. Sheryl Boyle	Sheryl Boyle	Street: 2617 Cottonwood Dr City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City
2. Sheryl Boyle	Sheryl Boyle	Street: 2617 Cottonwood Dr City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City
3. Sheryl Boyle	Sheryl Boyle	Street: 2617 Cottonwood Dr City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
4. Richard Thurman	Richard Thurman	Street: 4951 Rimrock Ct City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
5. Rita Aguayo	Rita Aguayo	Street: 2904 Mt Pleasant City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
6. NANKI LIGHVANI	NANKI LIGHVANI	Street: 4409 N Greenway Rd City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
7. Jaymie Guzman	Jaymie Guzman	Street: 2008 Case Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
8. KARLA M. ROMERO	KARLA M. ROMERO	Street: 2105 DeKoven Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
9. Karla Johnston-Kuor	Karla Johnston-Kuor	Street: 765 Augusta St. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine
10. JESSICA M. SORENSON	Jessica Sorensen	Street: 1005 DELAMERE AVE City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine

Certification of Circulator

I, Mary Botero (Name of Circulator), certify: I reside at 4409 Patzke Rd (Circulator's Residence - Street name and Number) Calderon (Circulator's Municipality of Residence)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.

12 / 3 / 20 11
(Month) (Day) (Year)

Mary Botero
(Signature of Circulator)

Page No. of
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>MARA JONES</u> Sign: <u>Mara Jones</u>	Street: <u>4420-17th St</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
2. Print: <u>Sean Hirsch</u> Sign: <u>Sean Hirsch</u>	Street: <u>1422 Lincoln St</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
3. Print: <u>Kristine M Schulz</u> Sign: <u>Kristine M Schulz</u>	Street: <u>1238 West Lawn</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
4. Print: <u>Linden A. Schulz</u> Sign: <u>Linden A. Schulz</u>	Street: <u>1238 West Lawn Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
5. Print: <u>DANIEL EHN</u> Sign: <u>Daniel Ehn</u>	Street: <u>1841 POLARIS AVE</u> City: <u>RACINE</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()

Certification of Circulator

I, Mary Doherty (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(b), Wis. Stats.

12 / 3 / 2011 Mary Doherty
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000897

Circulators.
Please include your
Phone
()
Email
()

VAN WANGGAARD RECALL PETITION

Return by J

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Jim Jud Thomas</u> Print: _____ Sign: _____	Street: <u>2015th Prospect</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email _____ Phone _____
2. <u>Neelam Ramirez</u> Print: _____ Sign: _____	Street: <u>1621 Hamilton St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email _____ Phone _____
3. <u>Mariela Ramirez</u> Print: _____ Sign: _____	Street: <u>MI</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>MI</u> <u>12/3/2011</u> (Month) (Day) (Year)	Email _____ Phone _____
4. <u>Angelica Cardoso</u> Print: _____ Sign: _____	Street: <u>703 Chicago St upper</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email _____ Phone _____
5. <u>Avery Hail</u> Print: _____ Sign: _____	Street: <u>710 N Memorial</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email _____ Phone _____

Certification of Circulator

I, Mary Detero, (certify): I reside at 4409 Patzke Rd Caladonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/3 2011 Mary Detero
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Circle 1-5 Only)
000898

Phone _____
Email _____

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Megan L Hirsch</u> Sign: <u>Megan L Hirsch</u>	Street: <u>1422 Lincoln St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>meg@hirsch.com</u> Phone () () ()
2. Print: <u>Oketha Reeves</u> Sign: <u>Oketha Reeves</u>	Street: <u>1024 Haggler</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () () ()
3. Print: <u>Rhonda Dedman</u> Sign: <u>Rhonda Dedman</u>	Street: <u>PO Box 085914</u> City: <u>Racine</u> Zip: <u>53408</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () () ()
4. Print: <u>Elena Guzman</u> Sign: <u>Elena Guzman</u>	Street: <u>345 Republic Avenue</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/05/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () () ()
5. Print: <u>Sara Hellesen</u> Sign: <u>S Hellesen</u>	Street: <u>3616 Spring St</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () () ()

1. Mary Detero (Printed Name of Circulator) (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caledonia (Circulator Municipality)

Circulators,
Please include your contact information

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3) Wis. Stats.

12/3/2011
(Month) (Day) (Year)

Mary Detero
(Signature of Circulator)

Page No. (Official Use Only)
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Phone
() () ()
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. John White Aida White		Street: 1301 N Wisconsin St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/07/2011 (Month) (Day) (Year)	Email Phone
2. Jo Leiana Bian		Street: 1301 N Wisconsin St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 (Month) (Day) (Year)	Email Phone
3. LaTrice Burgess		Street: 3415 17th Street City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 (Month) (Day) (Year)	Email Phone
4. SEREMIA JAMES		Street: 1605 Moken Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
5. Samantha Isbell		Street: 1305 Lawndale Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
6. Thomas C. Horvath		Street: 1614 Taylor Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 (Month) (Day) (Year)	Email Phone
7. Joshua Driver		Street: 3844 Wilshire Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
8. Rosemarie Schaefer		Street: 517 RANDOLPH ST City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
9. Joselito Vargas		Street: 1015 Delamere Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
10. Katie Spranger		Street: 1312 Yout St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Julie Hanycki, (certify): I reside at 2525 Green Haze Ave mt Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 20 11
(Month) (Day) (Year)
Julie Hanycki
(Signature of Circulator)

Page No. (Official Use Only)

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